

## Senior Rx Application

Complete this form, sign on the next page, and return it to the address listed below.

<b>Applicant Information</b> <i>(Please Print)</i>	<b>Applicant Contact Information</b>																														
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"><i>Last Name, First Name, Middle Initial</i></div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"><div style="border-bottom: 1px solid black; width: 45%;"><i>Date of Birth</i></div><div style="border-bottom: 1px solid black; width: 45%;"><i>Social Security Number</i></div></div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"><div style="border-bottom: 1px solid black; width: 45%;"><i>Medicare Number with letter (if any)</i></div><div style="border-bottom: 1px solid black; width: 45%;"><i>Medicare Effective Date (if any)</i></div></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"><i>Medicare Prescription Drug Plan (if any)</i></div> <div style="display: flex; justify-content: flex-end; margin-bottom: 5px;"><div style="border-bottom: 1px solid black; width: 40%;"></div><div>Male <input type="checkbox"/> Female <input type="checkbox"/></div></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"><i>Monthly Part D Premium (if any)</i></div> <p>Have you lived in Nevada continuously for 12 months prior to the date of this application? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Are your assets (excluding your home and car) less than \$11,500 if single or \$23,000 if married? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"><i>Residence</i> <i>Number, Street, Apt. or Space Number</i></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"><i>Address</i> <i>City, State, Zip Code</i></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"><i>Mailing</i> <i>Number, Street, Apt., Space Number or P.O. Box</i></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"><i>Address</i> <i>City, State, Zip Code</i></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"><i>Telephone ( )</i></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"><i>Alternate Telephone ( )</i></div>																														
<div style="text-align: center;"><b>List All Current <u>Monthly</u> Income Received</b></div> <table style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 25%;">Type of Income</th><th style="width: 25%;">Applicant</th><th style="width: 10%;"></th><th style="width: 25%;">Spouse</th><th style="width: 10%;"></th><th style="width: 15%;">Total</th></tr></thead><tbody><tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td><td style="text-align: center;">+</td><td style="border-bottom: 1px solid black;"></td><td style="text-align: center;">=</td><td style="border-bottom: 1px solid black;"></td></tr><tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td><td style="text-align: center;">+</td><td style="border-bottom: 1px solid black;"></td><td style="text-align: center;">=</td><td style="border-bottom: 1px solid black;"></td></tr><tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td><td style="text-align: center;">+</td><td style="border-bottom: 1px solid black;"></td><td style="text-align: center;">=</td><td style="border-bottom: 1px solid black;"></td></tr><tr><td style="border-bottom: 1px solid black;"></td><td style="border-bottom: 1px solid black;"></td><td style="text-align: center;">+</td><td style="border-bottom: 1px solid black;"></td><td style="text-align: center;">=</td><td style="border-bottom: 1px solid black;"></td></tr></tbody></table> <p>Total monthly income from all sources ..... <span style="border-bottom: 1px solid black; display: inline-block; width: 100px;"></span></p> <p><i>(Income includes Social Security, SSI, Pensions/IRAs, Interest and Dividends, Wages, Real Estate Rental, and Others.)</i></p> <p>Capital Gains (Loss) on last tax return <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span></p> <p>Business Income (Loss) on last tax return <span style="border-bottom: 1px solid black; display: inline-block; width: 150px;"></span></p>	Type of Income	Applicant		Spouse		Total			+		=				+		=				+		=				+		=		<div style="text-align: center;"><b>Spouse Information</b> <i>(Please Print)</i></div> <p>Are you applying for Senior Rx also? Yes <input type="checkbox"/> No <input type="checkbox"/> Even if not applying, please provide your name.</p> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"><i>Last Name, First Name, Middle Initial</i></div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"><div style="border-bottom: 1px solid black; width: 45%;"><i>Date of Birth</i></div><div style="border-bottom: 1px solid black; width: 45%;"><i>Social Security Number</i></div></div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"><div style="border-bottom: 1px solid black; width: 45%;"><i>Medicare Number with letter (if any)</i></div><div style="border-bottom: 1px solid black; width: 45%;"><i>Medicare Effective Date (if any)</i></div></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"><i>Medicare Prescription Drug Plan (if any)</i></div> <div style="display: flex; justify-content: flex-end; margin-bottom: 5px;"><div style="border-bottom: 1px solid black; width: 40%;"></div><div>Male <input type="checkbox"/> Female <input type="checkbox"/></div></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"><i>Monthly Part D Premium (if any)</i></div> <p>Have you lived in Nevada continuously for 12 months prior to the date of this application? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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### Important Information About Your Application:

- A. You do not need to attach income or age verification to this application. However, you may be asked to provide such documentation at a later date.
- B. Married couples need to submit only one application for both spouses.
- C. You will be notified of eligibility status within 21 days of receipt of your application unless the Department of Health and Human Services needs to request additional information to process your application.
- D. Sign this application on the back and mail it to: **State of Nevada  
Senior Rx  
P.O. Box 21230  
Carson City, NV 89721-9909**

**By signing this application, I agree to the following:**

- To immediately provide to the Department of Health and Human Services written notice of a change of address, name, household income, marital status, telephone number, and status of Medicaid, SSI or Medicare eligibility.
- If I received the benefit of the Senior Rx assistance and I was not eligible for the assistance, I will refund to the Department of Health and Human Services all amounts paid on my behalf.
- That as a condition of, and for purposes of determining eligibility for this program, I authorize the Department of Health and Human Services to verify my eligibility, including my income. This authorization is valid for a period of 14 months from the date of my signature below.

**I declare that the information in this application for Senior Rx is accurate to the best of my knowledge and ability.**

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Spouse Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*

**Authority:** If I am eligible for Medicare Part D and I write my initials in the appropriate space below, I grant Senior Rx the authority to enroll me in the Part D plan that most closely matches my needs based on my medications, preferred pharmacy, and costs. I understand that I may not grant this authority if I am already a member of a retiree health plan, a Medicare managed care plan or a health maintenance organization.

\_\_\_\_\_ Applicant      \_\_\_\_\_ Spouse

**Please Note:** *If someone other than the applicant or spouse signs, a copy (non-returnable) of a Power of Attorney or Letters of Guardianship must be attached.*

**Senior Rx Questions?**  
**Call**  
**1-866-303-6323**

**Medicare Part D questions?**  
**Call**  
**1-800-Medicare**  
**(1-800-633-4227)**

***For Statistical Purposes Only***

Check one box for applicant and one box for spouse (if any)

- ☐ ☐ American Indian/Alaskan Native  
☐ ☐ Hispanic                      ☐ ☐ African American  
☐ ☐ White                              ☐ ☐ Asian/Pacific Islander

*This information is voluntary and will be kept separate and confidential.*

***Confidentiality Statement***

Information provided on this application is confidential. No person may publish, disclose or use any personal or confidential information contained on this application except for purposes connected to the administration of this program. Unauthorized disclosures are a violation of the Health Insurance Accountability and Portability Act (HIPAA) and may result in civil penalties.